

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF Nelson Lora-Pena	COURT CASE NUMBER 1:06-cv-442 SLR
DEFENDANT Deputy U.S. Marshal Robert Denney	TYPE OF PROCESS Civil Action
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Deputy U.S. Marshal Robert Denney, ("U.S. MARSHAL") ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) The Nemours Bldg., 1007 Orange Street Suite 700, P.O.BOX 2046, Wilmington, DE 19899-2046

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Nelson Lora-Pena, ID#03883-070 U.S.P. Canaan Post Office Box 300 Waymart, Pa. 18472	Number of process to be served with this Form - 285 Number of parties to be served in this case Check for service on U.S.A.
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SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

USMS FUGITIVE TASK FORCE; <http://www.state.de.us/dsp/siu.htm>.

Signature of Attorney or other Originator requesting service on behalf of: <i>Nelson Lora-Pena</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 10/18/06
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk <i>DF</i>	Date 10/18/06
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service 10/18/06 Time _____ am Signature of U.S. Marshal or Deputy <i>SLR</i>

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: